

Permit Fee: _____

General Fund: _____

Open Space: _____

Inspections:

CITY OF MARLBOROUGH
MARLBOROUGH, MASSACHUSETTS 01752-3812



Building Permit Application

Received: _____

Permit # _____

Date Issued: _____

I. LOCATION OF PROPERTY

At (Location) _____ Zoning District _____

Applicant _____ Phone # _____

Lot Description: Map _____ Parcel _____ Lot Area _____ Frontage _____

Setback from lot lines on all new construction: Front _____ Rear _____ Sides _____

II. TYPE AND USE OF BUILDING

Purpose of permit request: New Building _____ Addition _____ Alteration _____ Repair _____

Identify from the MA code: Use group _____ Construction Type _____ Estimated Cost \$ _____

Describe briefly the nature of the work proposed to be completed under this permit application:

If Residential, Proposed Use: One Family _____, Two Family _____, Multi Units # _____, Hotel _____
Garage _____, Porch _____, Deck _____, Accessory Building _____, Mixed Use Residential _____

If Non-Residential Proposed Use: Amusement/Recreational _____, Church _____, Industrial _____,
Assembly _____, Auto Service _____, Institutional _____, Office / Professional _____,
Food Establishment _____, Educational _____, Stores _____, Mixed Use _____, Other _____

Describe: _____

III. BUILDING CHARACTERISTICS:

Frame: Masonry _____, Wood _____, Structural Steel _____, Other _____.

Type of Fuel: _____ Size of construction: _____ x _____ x _____ Area: _____ square feet

Are the following to be included? **Please indicate ALL with either a YES or NO**

Electrical _____ Plumbing _____ Heating _____ Oil Storage _____

Air Conditioning _____ Public Water _____ Private Water _____ Septic System _____

Fire Suppression _____ Fire Detection _____ Gas Fitting _____ Asbestos Removal _____

IV. SPECIAL OR SUPPLEMENTAL APPROVALS MAY BE REQUIRED. PLEASE INDICATE WITH A YES OR NO TO EACH QUESTION

Is construction within 100 feet of a wetland? _____

Has a Conservation Order of Condition been issued? _____

Is License Commission Approval required? _____

Zoning Board of Appeals Variance? _____ Case # _____

Site Plan review and approval? _____

City Council Special Permit? _____ City Council Order # _____

How and where will debris be disposed? (Debris removal form required) _____

V. OWNER:

Name: _____ Phone: _____

Address: _____

VI. CONTRACTOR:

Name: _____ Phone: _____

Address: _____ License #: _____

Workers Comp. Insurance: _____ Guaranty Fund Reg. #: _____

Liability Insurance: _____

VII. ARCHITECT OR ENGINEER:

Name: _____ Phone: _____

Address: _____ License #: _____

VIII. READ CAREFULLY BEFORE SIGNING:

The undersigned applicant certifies that he/she is the legal owner of the property or authorized representative as an agent of the owner with their full knowledge and consent. The applicant certifies that they have read, examined and completed this application in its entirety, that the proposed work and submitted plans are subject to the provisions of the Massachusetts Building Code (780 CMR) and other applicable laws and ordinances of the City of Marlborough is accurately represented in the statement made in this application and that the work be carried out in accordance with the foregoing statements and in compliance with the provisions of law and ordinances in effect on the date of application and as amended.

Name of Applicant (print)

Signature of Applicant

Name of Owner (print)

Signature of Owner